

Application # \_\_\_\_

 Each section below to be filled out by whomever performing work.
 Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

## Application for Residential Building and Trades Permit

Owner's Name: Capitol City Homes, LLC - Jason Morrow		Date: 4/27/2021
Site Address: 150 Spruce Hollow Circle	Phone:	919-872-0048
Subdivision: Carriage Circle	Lot:	1154
Description of Proposed Work: New Construction Single Family Home	Total Job Cost:	180,900
General Contractor Information		
Capitol City Homes, LLC	919-872-0048	
Building Contractor's Company Name	Telephone	-
5711 Six Forks Rs, Suite 200, Raleif	irivera@capitolcity-	homes.com
Address	Email Address	
70324 HEATED SQ FT 2334 GARAGE SQ	FT 472	
License #		
Description of Work New Electrical Wiring SFH Service Size: 2	500	. v
Buford Electrical Inc		ole: X_YesNo
Electrical Contractor's Company Name	919-481-5490	
2978 Gillespie St. Fayetteville, NC 28306	Telephone	
Address	bufordelectric@gma	ail.com
31424-U	Email Address	
License #		
Mechanical/HVAC Contractor Informa	ition	
Description of Work Install New Heating & Air System in SFH	illon	
Certified Heating & Air Conditioning	910-858-0000	
Mechanical Contractor's Company Name	Telephone	
PO Box 1071 Hope Mills, NC 28348		
Address	certifiedheatair@er Email Address	nbarqmail.com
H3C1-20012	Email Address	
License #		
Plumbing Contractor Information		
Description of the Install all plumbing in pow SEU	# Baths_	
Vance Johnson Plumbing Co, Inc.	910-424-6712	
Disable Control 1 Control	Telephone	
PO Box 64307, Fayetteville, NC 28306	0.000	hina aan
Address	wbleacher@vjpluml Email Address	bing.com
07756	Linaii Address	
License #		
Insulation Contractor Information		
Tatum Insulation II, Inc 519 Old Drug Store Rd, Garner, NC 27529	919-661-0999	
Insulation Contractor's Company Name & Address	Telephone	

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.



I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that by signing below I have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

\_\_\_\_\_\_ General Contractor \_\_\_\_\_\_ Owner \_\_\_\_\_\_ Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

\_\_\_\_\_ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation

Has no more than two (2) employees and no subcontractors.